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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

None

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\*\* FOREIGN APPLICATIONS \*\*\*\*\*

ay

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NY	SHEETS DRAWING 3	TOTAL CLAIMS 9	INDEPENDENT CLAIMS 1
Verified and Acknowledged	Examiner's Signature <i>Allyson Smith</i> Initials <i>ay</i>				

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## TITLE

Phosphorescent optical symbol scanner

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